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ABSTRACT

This booklet on reference resources for research and continuing education in nursing contains three papers that were presented at a program sponsored by the Interagency Council on Library Resources for Nursing held at the 1976 Convention of the American Nurses' Association. In "Awareness of Library Resources: A Characteristic of Professional Workers; An Essential in Research and Continuing Education," Virginia Henderson addresses questions that include the following: What is meant by library resources? What organizational structures promote the development of such resources and to what extent is nursing so organized? What skills are needed by students and health workers in using library resources? The use of library resources and an overview of the question of whether on-going nursing education should be voluntary or mandatory are addressed by Lucie Young Kelly in "Reference Sources for Mandatory and Voluntary Continuing Education for Nurses." In "The Significance of the Literature Search in the Research Process," Lucille E. Notter discusses purposes of the literature search, some of the sources available for search, keeping notes and writing the summary of the review, and relating the findings of the literature search to the individual's own research findings. (SW)

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Reference Resources for Research and Continuing Education in Nursing

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

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American Nurses' Association

Papers presented at a 1976 ANA Convention Program sponsored by the Interagency Council on Library Resources for Nursing

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Foreword

The papers contained in this booklet were presented at a program sponsored by the Interagency Council on Library Resources for Nursing and held at the 1976 Convention of the American Nurses' Association in Atlantic City, New Jersey.

The objective of the Interagency Council is promotion of the development of better library resources for nursing and the provision of better library services to nurses by all health science libraries. In carrying out that objective, the Interagency Council planned the convention program specifically to address nurses' needs for information and how to gain access to information needed for improved patient care services.

The program participants were:

Virginia Henderson, M.A., R.N., who is Research Associate Emeritus, Yale University School of Nursing, New Haven, Connecticut;

Lucie Young Kelly, Ph.D., R.N., who is Professor of Nursing (in Public Health), School of Public Health and School of Nursing, Columbia University, New York City;

Lucille E. Notter, Ed.D., R.N., who is Co-Editor, *Cardiovascular Nursing*, a journal of the American Heart Association, and Project Director, National League for Nursing Project on Open Curriculum in Nursing Education, New York City; and

Dorothy L. Moore, M.S., R.N., who is Librarian, Bibliographic Services Division, National Library of Medicine, Bethesda, Maryland. Ms. Moore served as Program Chairperson.

Members of the Interagency Council on Library Resources for Nursing are:

American Association of Colleges of Nursing
American Dental Association
American Hospital Association
American Journal of Nursing Company
American Library Association
American Medical Association
American Nurses' Association
American Nurses' Foundation
Canadian Nurses' Association
Catholic Hospital Association
Medical Library Association
National Association for Practical Nurse Education and Service
National Federation of Licensed Practical Nurses, Inc.
National League for Nursing
National Library of Medicine
National Student Nurses' Association
New England Regional Council for Library Resources in Nursing
Nursing Archive, Mugar Memorial Library, Boston University
Seventh Day Adventist Hospital Association
Special Libraries Association
U.S. Public Health Service, Bureau of Health Manpower, Division of Nursing

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Awareness of Library Resources: A Characteristic of Professional Workers; An Essential in Research and Continuing Education.

By Virginia Henderson, M.A., R.N.

In this paper I will try to answer very briefly the following questions: What is meant by, or included in, "library resources"? What organizational structures promote the development of such resources? To what extent is nursing so organized? When nursing is one of the health sciences using *joint resources*, how should it go about assuming its share of responsibility for developing and maintaining the resources? What skills in the use of library resources do all health students and health workers need; how can they be acquired?

What is Meant by Library Resources for Professional Workers?

The Interagency Council on Library Resources for Nursing interprets resources to include the following: *physical facilities* (library buildings, reading rooms, carrels, offices, conference rooms, exhibit space, storage space, or any space set aside for library purposes); *equipment* (files, shelves, cabinets, display cases, screens, projectors, or what is called "hardware" for using, and sometimes making, audiovisual aids); *holdings* (books, pamphlets, journals, pictures, films, recordings); and *services* (cataloguers, reference librarians, audiovisual experts, and staff. The last often includes volunteers).

As you look at this enumeration of resources, you may be wondering whether all of them have been and are available to you; whether, as a profession, we have been sufficiently concerned with providing these resources and preparing students and all nursing personnel to use them.

What Organizational Structures Does Nursing Have to Promote the Development of Library Resources? What Structures are Needed?

Within International Nursing Organizations

Nursing was, I believe, one of the first professions to form an international body, and nurses are proud of the International Council of Nurses (with which is affiliated the Florence Nightingale International Foundation) and all its accomplishments. Had ICN members thought the promotion of library resources essential to the professional development of nursing, it might have provided for this in the ICN structure. But, as far as I have been able to discover, the Council has never had a committee, or any other machinery, specifically for the promotion of library resources. Only one meeting on library resources (this on textbooks) is reported in the proceedings of all the ICN Congresses over the last 75 years. There was, however, a meeting on this subject at the 1969 Congress in Montreal. Since this meeting was ignored in the report of the proceedings of the ICN Congress, it is possible that other meetings were focused on the subject, but were not believed of sufficient importance to be included in the record.

In the report of the ICN President for 1973-1975,[9] Dorothy Cornelius, referring to a recommendation from the United States on the question of library resources, indicated that the Board had agreed to advise that national nurses' associations organize "archival" libraries and "encourage the development of libraries for nursing education . . . ." She also reported that "The maintenance of the ICN archival library and its use to bring ICN's history up-to-date in a publication" would receive ICN attention during the next two years.

Within National Nursing Organizations

Just as international library committees might have worldwide influence, machinery to achieve this in a national nursing organization might promote library resources for nursing within a country. We are in no position to discuss what most countries have done along these lines or to say whether the following description of what has been done in the United States is typical.

From 1930 to 1953, the National League of Nursing Education had either a subcommittee or a standing committee on libraries. (Editor's Note: In June 1952, the NLNE and six other national nursing organizations were fused to form the National League for Nursing.) The publications they sponsored had a marked effect on the development of libraries in schools of nursing. The third edition of the NLNE's *Guide for the Development of Libraries in Schools of Nursing* was prepared by the National League for Nursing in 1971.[24, 25] Bibliographies, once sponsored by the NLNE and prepared by committees of volunteers, were not continued.

In 1960, the Interagency Council on Library Resources for Nursing was organized. Presently, seven national nursing organizations in the United States are represented on the Council, as well as the American Journal of Nursing Company, the Canadian Nurses' Association, the Nursing Archive Collection of the Mugar Memorial Library of Boston University (which houses the ANA's Archives), three national hospital associations, three national library associations, the Nursing Division of the United States Public Health Service, and the National Library of Medicine.[17] This Interagency Council has no budget and no executive function, but its recommendations to the agencies represented on it carry weight. An example is the recommendation of the Council that resulted in the creation of the *International Nursing Index* and one that finally led to the production of the filmstrip on the use of indexes.[2] Meetings which are sponsored by the Council at ANA and NLN conventions have helped to inform the profession. The Council's list of "Reference Sources for Nursing," published periodically in *Nursing Outlook*, has provided libraries with a list of necessary, or helpful, sources which all libraries that serve nursing should have.[32] The Council has a booth at the ANA and NLN conventions where references are exhibited and information dispensed.

While the Interagency Council is unquestionably effective, it is very noticeable that nursing organizations represented on it tend to send non-nurse representatives to Council meetings. This suggests that members of nursing organizations still consider library resources tangential to their interests; or that, perhaps, nurse members are not thought sufficiently informed about library resources to be effective Council members.

In the United States, no national nursing organization has, to our knowledge, a library for the use of its members or one to serve as a model collection for nursing institutions or agencies. The American Journal of Nursing Company operates a library for the use of its editorial staff primarily. Its collection of about 9,000 volumes is highly selective. The nursing profession in the United States has tended to think of the Journal's library as the ANA's library and as in the same class with the library of the Royal College of Nursing in London or the library of the Canadian Nurses' Association in Ottawa. This is a false assumption. The British and Canadian libraries are designed to be used by the membership of the parent organization; the Journal's library is designed to serve a publishing company. The library of the Royal College of Nursing in London is a very much larger library, both in space and holdings, than either of the American libraries which are comparatively small. However, the library of the Canadian Nurses' Association provides its members with outstanding services, such as bibliographies and annual lists of nursing studies. The staff assists in preparing a statistical yearbook.[5, 6, 7]

We might mention in this connection that the catalogue of the AJN's library was published in 1973. To the extent that the Journal library can be considered a model nursing library, the printed catalogue might serve as a

guide for those who are starting, or trying to improve, their nursing collections.[8] But whether or not a collection of 9,000 volumes should be considered a "model" nursing library is a question. The Boston College has about 30,000 volumes in its highly useful nursing collection. (It has been obliged to rebind its copy of the *Nursing Studies Index*!) As far as we know this Boston library is the most comprehensive nursing library in North America, or perhaps in any continent. Whether it should serve as a model is a question to be considered by the profession.

While the number of volumes in a library may be a poor measure of its excellence, it is at least *one measure*. Susan Crawford,[10] reporting in 1975 a survey of health science libraries in the United States, defines a library as a collection of at least 500 volumes and 25 active (journal) subscriptions. It may be of interest to point out that medical libraries, including those of the American Dental Association and the American Medical Association, have more than 100,000 volumes. The latter house the archives of the parent organizations and provide a wide range of services.

Within the NLNE, the ANA, and the NLN, committees have at one time or another been set up to promote the identification and preservation of historical materials. This has helped promote discussion of a national nursing library, a national repository, or a national nursing archive by ad hoc committees of these organizations. In the meantime the archival collection of the ANA is now part of the Nursing Archive at the Mugar Library of Boston University.[4] The creation of a library, a repository, or an archive sponsored by a national nursing organization (or organizations) is still in limbo. The extent to which the National Library of Medicine can serve nursing's needs is one of the questions that is also under discussion.

Within Regional Nursing Organizations

Regional boards of higher education (Southern, Western, and New England) have had a profound effect on the development of nursing education. However, on none of these boards has there been, to the writer's knowledge, a committee on the development of libraries. In the New England region, a group of interested nurses and nurse librarians have formed an independent body which has functioned for more than a decade as a Regional Council on Library Resources for Nursing. The Regional Council conducts an annual conference which, at the very least, is developing among nurse educators and nurse librarians a better understanding of the library needs of nurses.

Within State Nursing Organizations

Since each state presently controls, to a large extent, the standards of nursing education within the state, and since library resources are so essential to education, it seems strange that no record has been found of committees, commissions, or other machinery established to promote library resources. Historically, it is interesting to find one state board in

1948 maintaining a lending library for graduate nurses.[28] Considering the complexity of the work undertaken by staffs of state nursing organizations, it also seems strange that there is no provision within the organizational structures of state nursing organizations for a reference library for the use of staffs and committees. On the other hand, there have been statewide committees set up to promote the identification and preservation of historical materials. These statewide committees are counterparts of the National Committees on Historical Materials. As on the national scene, there has been no repository for such materials, and it is hard to find out whether such state (and national) committees have been effective. Some historical materials collected by these committees are known to have enriched the holdings of some university libraries. While this is desirable, archival materials require special handling and interested curators. Few, if any, university libraries can match the conditions that exist in Boston University's Mugar Library for the preservation of a nursing archive.

Within Local Communities

While it may sound ridiculous to some to suggest that even district nursing organizations might profit by having a committee on library resources, the suggestion is not far-fetched. The New York Academy of Medicine which is, in effect, a district medical organization operates one of the finest medical libraries in the world for physicians and for citizens of New York City and its environs who are interested in health sciences. Should not the nurses of a community know where they and persons interested in nursing can find library resources appropriate to their needs? Or should they not, if possible, collaborate with those who operate local health science libraries so that the holdings and services for nursing match those for other fields? It is interesting to find Ethel Swope, a nurse, writing an article in 1930 entitled: "The Need for Public Library Services for Nurses at the Hospitals,"[30] and another nurse in 1916 writing "Hospital Libraries–Their Relation to Patients and Training Schools."[19]

I know of one community, and there may be many more, where nurses and nurse librarians have met periodically to discuss their common problems. In countries with area health centers staffed by physicians, nurses, and others who serve a given population, it is proposed that the centers include learning materials (or a library) to be used by all health workers *and patients*.[3] In American communities, where the problem of alcoholism is taken seriously, the local councils on alcoholism build up and staff sizeable collections of learning materials that are available to health workers and interested citizens of the community. The same type of learning center is being considered for cancer treatment units. As we come to pay more than lip service to the importance of health education, nurses must organize to promote accessibility of the best information available, not only for themselves, but also for all interested persons and on all types of health problems. District library resources for nurses should be considered essential rather than a farfetched idea.

Within Institutions and Agencies

Years ago, when I was studying evaluation of educational institutions, I learned that in a nationwide survey of colleges and universities the two conditions that had ranked above all others in correlation with overall excellence were: (1) the numbers of the faculty that attended professional meetings and (2) the quality of the library. Schools do not develop or maintain excellent libraries unless the administration, the faculty, the staff of the library, and the students make a collaborative effort.[11] I believe this requires some sort of organizational structure, such as a committee on which there are representatives of these groups. It always surprises me to find a school of nursing without such machinery and to find little emphasis put on it in the guides to accrediting procedures. The same observation might be made about hospitals, community health agencies, health services in schools, prisons, and other settings where nurses work. In my judgment, all health workers need access to the printed word and, if possible, access to appropriate non-print, or audiovisual, learning materials. I believe the latter should be interfiled in the library catalogue so that users are reminded of their existence and find them with the same ease that they find printed materials.[20, 23, 27] If in agencies and institutions no one person or group of persons accepts the responsiblity for planning, acquiring, and making learning materials accessible, this essential resource will be inadequate or missing entirely.

We sometimes read, or hear it said, that nursing has "come of age." A former dean of a medical school remarked that, in developing indexes that gave the nursing occupation control of its literature, nursing "came of age" as a profession. Certainly the next step is to make the library resources in nursing comparable to those in the more highly developed health professions and, most particularly, to share these resources with the public so that the people will be more self-reliant in matters of health.

When Nursing Is One of the Health Sciences Using Joint Library Resources, Has It Assumed Its Full Share of Responsibility in Developing and Maintaining These Resources?

The Trend Toward Health Science Learning Centers

This age, as all of you know, is one of proliferating health workers, of overlapping functions, of career mobility, and of interdisciplinary education. It is no longer thought practicable to have major libraries used by only one type of health worker or even several categories of health workers. Major health science libraries must be staffed by professional librarians and subject matter specialists; these libraries must have costly retrieval equipment and technical services, extensive references, audiovisual departments, study carrels for students, and holdings that serve doctors, nurses, social workers, pharmacists, special therapists, and related biological, physical, and social scientists, and, some people believe, patients or con-

sumers of health services. (While "consumerism" is considered "new" it is interesting to find nurses in earlier decades saying that hospital libraries should serve patients.)[19] There is a movement to call such libraries health science libraries, or learning centers, rather than "medical libraries." This does not mean that smaller specialized collections and reading rooms will not supplement the large libraries, but just as there is a network of treatment facilities there is, or will be, a network of library facilities to serve the county, the state, and local communities. That network, and interlibrary loan, extends the information network to cover all continents. Jacqueline W. Felter[13] asks whether this library cooperation will be the "wave" or the "ripple" of the future. Rolf Weitzel[45] describes the telephonic library services from developed to developing countries.

The Government Network of Health Science Libraries.
At present in the United States, there is a network of governmental resources, or health science libraries which are, at least, partially coordinated with private health science libraries.[33, 34, 43] At international, national, state, and local levels, nursing should be organized and prepared to be members of planning committees and governing boards and, by other means, to influence the nature of these resources. Nursing should assume its share of responsibility for maintaining and promoting the use of these resources. To the extent that the resources are in the private sector, nursing should contribute toward the financial support of the resources.

The World Health Organization has had a marked effect on health work, including nursing, throughout the world, but I am not prepared to discuss its influence on library resources. H. A. Izant,[18] in 1958, described its headquarters and regional libraries as "devoted to world health." Now through a computerized telephonic communication system, even the most undeveloped countries have, at least theoretically, access to materials in the best existing health science libraries. Rolf Weitzel[45] reports this year on WHO MEDLINE services to the developing countries.

Nursing has access to WHO services, but I am in no position to say that nurses make effective or ineffective use of them. I can report from experience, however, that the holdings on nursing in the regional WHO library in Washington in the 50s was minimal, as was the concern expressed at the Geneva headquarters over indexing the nursing literature when a meeting was called there in 1963 for this purpose.

Since the latter part of the 19th century the United States has had a national health library. Until 1956, when an Act of Congress put the library under the United States Public Health Service and changed its name to the National Library of Medicine, the national "medical" library was associated with the United States Military establishment. Dr. John Shaw Billings, its director from 1865 to 1895, made its resources generally available and its catalogue was published. Under Dr. Billings, the collection

increased from 1,800 volumes to over 100,000 books and included such a good collection on nursing that it was said by one authority to be the best in the world.

The National Library of Medicine now contains over 1,500,000 items. Since 1967, the National Medical Audiovisual Center in Atlanta, Georgia, has been a component of the National Library of Medicine. Eventually, it will be moved to Bethesda where it will be housed in the Library's Lister Hill Center Building. Under the Medical Library Assistance Act of 1965 (Public Law 89-291)[33] eleven medical libraries in the United States were established as Regional Medical Libraries. They receive federal funds and work with the National Library of Medicine to make the biomedical literature available to the people of this country and other countries. Under extensions of the Medical Library Assistance Act, more than 800 institutions have received grants since 1965 to strengthen this library network.

Through photoduplication for interlibrary loans and computerized storage and retrieval systems, and approximately 30 indexes or "recurring bibliographies" (among them the *Index Medicus* and the *International Nursing Index*), the population of the United States and other nations can benefit from what is said to be "the world's largest research library in a single scientific and professional field."[43]

It is the highly sophisticated retrieval system at the National Library of Medicine that has made it possible for nursing to have the *International Nursing Index* (which now indexes about 200 nursing journals and the serial publications of the ANA and the NLN, and includes those articles on nursing found in 2,200 biomedical journals). These national resources belong to all of us and yet few nurses know how to use them.

Besides the tax-supported, or public, national and regional library resources, there are tax-supported state libraries that are designed to serve all citizens of the state and to work with local public and private libraries. All have the potential for serving nurses and, particularly, for promoting public health education through health science collections.

The Network of Private Health Science Libraries

The largest and best private health science libraries have been developed by medical groups with leadership from physicians. The libraries of the American Medical Association and the American Dental Association are outstanding, as are those of the medical associations in large cities. The best of the latter have been designated "regional," "medical" or "health science" libraries; they cooperate with the National Library of Medicine and receive public funds to provide certain services for the people of the region. Such "regional" libraries are, therefore, partly private and partly public institutions.

Most medical school libraries are excellent resources. Some of them are

among the 11 "regional" libraries, and they all collaborate with the National Library of Medicine in forming a national biomedical communications network. The Medical Library of the University of Washington, an outstanding library, has had its name changed to the Health Science Library. It serves the Western region, which includes Alaska, Idaho, Montana, Oregon, and Washington.

Nursing schools, even those in colleges and universities, have, with few exceptions, modest collections. Faculties and students in collegiate programs are usually made welcome in the medical library of the college or university, if there is one in the center. In state universities, the health science library is tax-supported and is appropriately open to all within the university; in private universities, where each school operates under a separate budget, nursing faculties and students may not be entirely welcome in libraries designed to serve other schools within the university, nor can they expect specialized libraries to build up nursing collections unless the nursing school helps support the library financially.

In the network of health science libraries, those owned and operated by hospitals in the United States range widely. Some large prestigious hospitals have outstanding libraries while small hospitals may have meager collections. In the past, these libraries have been operated for, and under the control of, the medical staff; in this era, most employees (but rarely patients) are welcome to use the hospital library. There may be, however, in both hospital and medical school libraries a distinct difference between the services available to physicians and other health workers. There have been some useful attempts to list materials of special importance to nurses that should be provided in hospital libraries.[29, 32]

National health organizations, such as the American Heart Association, the American Cancer Society, and their state branches, may have excellent specialized libraries. Nurses on the staffs of such organizations and interested librarians may build up specialized nursing collections. Some national agencies, such as the National Health Council, have outstanding libraries which may, but usually do not, have extensive holdings on nurses and nursing.

Local health agencies, with rare exceptions, have limited libraries. Staff members, including nurses, must seek out health science libraries in nearby universities, hospitals, or medical organizations if they want to be fully informed on any subject they are studying. Through the years, there have been successful efforts to meet such needs.[46] But, community health nurses in public and private agencies, in schools, industries, or prisons, and nurses in private practice may find themselves handicapped by having unsatisfactory library affiliations. It cannot be assumed that nearby health science libraries under private ownership will welcome an unlimited number of nurse users.

Susan Crawford,[10] in a report of a 1973 survey of health science libraries, classified 2,984 of them by "type" of institution as follows:

Health Science Libraries

Type of Sponsoring institution	Numbers
Colleges, Universities, Professional Schools	466
Two-year Colleges Vocational Schools	91
Business Industrial Organizations	90
Research Organizations	107
Society, Foundation or similar Private Organization	129
Hospitals	1,957
Health Care Organizations other than Hospital or Medical School	144
Total	2,984

Nursing should be organized to make optimum use of and contribute to these libraries.

There is an increasing emphasis in health care on prevention and on helping people to be self-sufficient. Books such as *Need Your Doctor Be So Useless?* by Andrew Malleson,[22] *Medical Nemesis: The Expropriation of Health Care* by Ivan Illich,[16] *The Mirage of Health* by Rene Dubos,[12] or *Health By the People* by Kenneth W. Newell[26] are increasing rapidly. They remind us that salvation for all lies in learning how to promote health and *avoid* disease, in creating healthful environments, and in developing healthy ways of living. They point to the rising level of public information, the public monies now available for health education, and the communication media that makes even children aware of research findings on matters of health. If nurses are to be effective health consultants for those they serve, they must be more informed than their clients.

How Might All Nurses Be Assured of Adequate Library Resources?

A complete answer to the question is obviously impossible. Finding the answer might be the goal (or to use the fashionable term, the "mission") of a national task force. However, at the risk of being thought naive or simplistic, I suggest that partial answers could be found if, on every geographical level of nursing organization (international, national, state, local, agency, and institution), there was a committee to consider the library

needs of nurses and of the people they serve and the ways and means of meeting these needs. Such committees would work with other groups, on equivalent geographical levels, who are concerned with the development of health sciences libraries. In 1971, I reported a survey of nurse participation in regional medical programs as it affected library resources.[14] It was obvious then that nurses were not taking advantage of the opportunities under Public Law 89-239 or of the Library Assistance Act (Public Law 89-291). Nurses must cease to feel like visitors, or poor relations, in health science libraries if they are to make the best use of them. They must be informed about their rights to the use of libraries–public or private. Nurses must know what to expect in the way of physical facilities, holdings, and services. They should know how to use political influence to promote public resources; they must realize that they should provide their share of the cost of private resources–developing and maintaining them. Acknowledging the status of nursing as a developing profession, we must admit our present limitations and invite collaboration with more established professionals in promoting the development and use of information media. Nurses on library committees will be relatively ineffective in promoting library resources for nursing until they themselves are skillful in using the facilities, holdings, and services that libraries offer.

What Skills in the Use of Library Resources Do All Health Students and Nurses Need and How May These Skills be Acquired?

Skills every student and worker should have include:

1. Searching a card catalogue to find books and pamphlets.
2. Using indexes to find journal and serial publications.
3. Finding and using abstracting and excerpting journals, or serials that shortcut finding, scanning, or reading books, pamphlets, or journals on a given subject.
4. Finding and using lists and bibliographies that enable each worker to build on the searches of others. (Such lists or bibliographies, may cite exclusively books and pamphlets, journal articles, or audiovisual materials, or any combination of the above.)
5. Finding and using dictionaries, encyclopedias, directories, statistical and legal guides, fact books, and yearbooks.
6. Making correct citations for each item of information sought or found and preparing a file of these items organized in such a way that the maker of the file and any trained filing clerk can find (or retrieve) the item.
7. Finding non-print learning media in catalogues, indexes, and lists.

8. Using viewers, projectors, and other mechanical devices for reading or looking at both print and non-print media.

9. Making full (but considerate) use of the services of librarians and other members of the learning center staff in:

   a) Seeking general information in the use of the resources.
   b) Asking for bibliographical help.
   c) Getting an interlibrary loan.
   d) Using retrieval systems such as AVLINE, CANCER LINE, MEDLINE or TOXLINE. [35, 36, 37, 38, 39, 40, 41]

Doctoral candidates might want to add another skill to this list, but most would protest my suggestion that all health workers, including nurses, need these skills. Actually, I would like to see the day when patients, by and large, had these skills. Many nurse administrators will say they haven't the time to learn or practice library skills. Successful administrators are probably employing people who can find, file, and retrieve the information they need. Many young members of the profession who have graduated from universities with high standards of scholarship have acquired library skills through trial and error or through programs of instruction taught by librarians and subject matter specialists on the faculty of the university. However, one of the best outlines of a course on the use of a library that I have seen came from the School of Nursing at the Victoris Hospital in London, Canada. There, instruction in library skills extends over a six month period. I know of a medical school that offers a program of this length; however, most schools, I believe, offer students little help. Yale, for example, has had minimum orientation programs for medical students. Law students, on the other hand, have been required to take a two-week course in library usage and demonstrate competence on an examination. Pretests could be designed for students of nursing that would eliminate repetitive learning. Programmed instruction could be devised to save the time of faculty and students. A filmstrip is now available on the use of the three nursing indexes, *The International Nursing Index*, the *Nursing Literature Index*, and the *Nursing Studies Index*.[2]

Scholarship is, we believe, like most attributes, contagious. William Osler left to McGill University a library of size and quality that exceeded those of almost any nursing library existing at the time. I suspect that his influence on the practice of medicine was in no small part due to his ability to learn from the printed word. As role models in nursing demonstrate this same competence (I purposely avoid the term scholarship which sounds dry and unfunctional), I believe all those who practice nursing as a profession will see effective use of library resources as essential to their practice.

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Reference Sources for Mandatory and Voluntary Continuing Education for Nurses

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Before reference sources for continuing education for nurses can be discussed with any degree of clarity, it is important to have some understanding of the whole context of continuing education as it relates to the legal and professional responsibilities of nursing.

It is generally agreed that professional practitioners of any kind must continue to learn because they are accountable to the public for a high quality of service–a service impossible to maintain if pertinent aspects of the tremendous flow of new knowledge are not integrated and used.

A thought provoking model of the fleeting hold professionals have on knowledge gained in their educational programs was described some years ago in a library journal:[1]

Assuming that the professional life of an individual (in this example, a physician) is forty years, the amount of clinically applicable knowledge available in mid-career should be 100%. However, the body of knowledge available at the time of the educational program is only about half, leaving 50% useful. It is only possible to teach a fraction of this knowledge in any educational program, leaving 20% useful. Of this, a small part is erroneous, leaving 19% useful. Not all that is taught is learned, leaving 16% useful. Much of what is learned is forgotten within a few years, leaving 8% useful; some of what is learned is never used because of specialization, leaving 5% useful. Much of what is learned becomes obsolete in 20 years, leaving 3% of useful knowledge gained in the professional's basic educational program!

While the precision of the figures can obviously be challenged, the message is clear, even in non-quantitative terms: on-going learning (continuing education) is necessary if a professional is to function effectively.

For nurses, specifically, the need for continuing education is primarily to keep them abreast of changes in nursing roles and functions, acquire new knowledge and skills (and or renew that which has been lost), and modify attitudes and understanding. To achieve these goals, various approaches to continuing education can be utilized, such as: formal academic studies that might lead to a degree; short term courses or programs given by institutions of higher learning, not necessarily providing academic credit; and independent or informal study carried on by the practitioner, utilizing opportunities made available through professional organizations and employing agencies.[2] It should be made clear that continuing one's education does not mean that enrollment in a formal academic degree-granting program is necessary, although it might well be a reasonable route for a nurse who has specific career goals. On the other hand, neither does achievement of the highest academic degree mean an end to continued learning.

On-Going Education: Voluntary or Mandatory?

A major question for nursing today and, indeed, for all the health professions, is whether this on-going education should be voluntary or mandatory (i.e., that an individual must show evidence of continued education in order for licensure to be renewed).

There has been an increase in the demand for evidence that health professionals maintain their competence, in part due to the strengthening consumer movement demanding accountability by health professionals, the greater visibility of malpractice and increase in malpractice suits, and the lack of action by licensing boards to suspend or revoke licenses of incompetent practitioners.

Firm recommendations have been made in several major reports. In the *Report of the National Advisory Commission on Health Manpower (1967)*, it was stated: . . . professional societies and state governments should explore the possibility of periodic relicensing of physicians and other health personnel.[3] On the other hand, a 1970 report of the Carnegie Commission on Higher Education[4] recommended the periodic re-examination and recertification of all physicians and dentists by specialty boards and professional associations, not as a requirement for state licensure. The 1971 HEW *Report on Licensure and Related Health Personnel Credentialing*[5] urged professional organizations and states to "incorporate a specific requirement for the assurance of a continued level of practitioners' competence as one condition in the recredentialing process." Similar statements were made in the 1973 and 1976 credentialing reports.[6,7] Also, in 1973 the HEW Commission on Medical Malpractice, citing the need for a pragmatic approach aimed at elevating standards of treatment in areas of deficiency, recommended that "there be imposed upon the existing system of self-regulated continuing education

control mechanisms which will require continuing medical education and evidence of provider proficiency."[8]

It should be noted that in all of these reports, the emphasis is on maintaining competence and the means is left open. Nevertheless, continuing education and re-examination are mentioned as possible approaches. (Peer evaluation is also being given increasing emphasis, but that is the subject for another paper.)

According to the 1971 HEW credentialing report, there are already legal requirements for mandatory continuing education in a number of states for some health professionals: osteopaths, dentists, dental hygienists, optometrists, veterinarians, podiatrists, pharmacists, physician's assistants, physicians, and nursing home administrators. Except for the latter, where the requirement is reinforced by Social Security regulations, the picture is far from consistent, with the great majority of states setting no such requirement.[9] However, there is a move toward formation of state governmental committees to study licensure, in part to consider mandatory continuing education for relicensure for licensees in all fields. Not mandatory in a legal sense are the requirements for continuing education by national organizations such as the American Academy of Family Physicians and the American Dietetic Association as well as some state medical associations that have a certification process.

Nursing also has made some moves toward mandatory continuing education. California, the only state where regulations have been completed, has set 1978 as its target for the continuing education requirement of 30 hours per two-year licensure period. Florida, Minnesota, and Kansas have now passed legislation for mandatory continuing education; New Hampshire's licensure law requires mandatory continuing education for their new Advanced Registered Nurse Practitioner. New Mexico, which had continuing education requirements in its nursing regulations, has taken no further action at this time, nor have a number of other states that leave the possibility of such regulations in the hands of their state board of nurse examiners. Certainly a number of state boards and or nursing associations are studying the feasibility and desirability of mandatory requirements–some, after having introduced such bills which failed. It should be noted that development of mandatory continuing education bills comes not only from state nurses' associations but also from other sources.

Why the Lack of Consistency?

Why the lack of consistency? For a number of reasons: resistance by professions to any further governmental control; questions concerning cost and availability of appropriate programs; and lack of research about the effect of continuing education on performance.

There are nurses and others who feel that requiring continuing education

will lead only to a level of mediocrity (e.g., that nurses will take only the minimum of courses required and those which are free and convenient whether or not they are relevant). Others cite the need to let people learn in their own way; the current lack of organized continuing education resources; the cost to nurses; discrimination against nurses in isolated areas or those with limited funds; the cost to the state; the difficulty and expense of record-keeping; the many unanswered questions and disagreements on the kind of continuing education requirements (nursing courses or others, specialty courses or general, self-learning or structured); what a reasonable time requirement is; how programs and records can be monitored and evaluated; and, primarily, whether academic continuing education will actually make a difference in the quality of care given.

Without question, there has been considerable objection to mandatory legislation by the general mass of nurses, often because they interpret it, erroneously, as being forced into degree-granting academic programs. Even the American Nurses' Association has not yet taken a definitive stand on mandatory continuing education. In 1972, the House of Delegates chose to defeat a motion supporting such a requirement, and, in 1974, supported a fuzzily-worded motion that seemed to support the concept, but has since been given various interpretations. ANA has given its interpretation as support of states' rights, and "not a mandate for all states to move ahead to establish continuing education requirements for relicensure".[10] Instead, ANA has developed both standards for continuing education,[11] guidelines for state systems,[12] and accreditation guidelines,[13] the philosophy being that whether a program is mandatory or voluntary, approval of programs should be under the control of the professional association. Although there is some objective from the National League for Nursing and others about the ANA's accreditation move, it has been helpful to have organized standards. The NLN had earlier published continuing education guidelines not much different from ANA's later version,[14] but, in the same paper, took a stand that, "In the belief that a continuing education requirement as a requisite for renewal of licensure of nurses will promote the delivery of optimum nursing care, the NLN Board of Directors supports the *gradual and carefully planned* implementation of such a requirement."[15]

A major reason for supporting a mandatory position is concern for the quality of nursing care if nurses do not voluntarily keep their knowledge and skills updated. Certainly there have been some state studies, particularly in Michigan and West Virginia, pointing out that self-directed learning by nurses is minimal. Nor do over 2/3 of employed nurses belong to the ANA where they might be influenced by, and take advantage of, educational programs offered.

The Current Situation

What then is the current situation? First of all, with or without mandatory

continuing education, nurses have a legal responsibility to adhere to the "standard of practice": what any reasonably prudent nurse with the same background and same position would do–and that includes maintaining up-to-date knowledge and skills. Otherwise, the nurse's errors leave her vulnerable to malpractice suits.

Second, HEW has stated that all licensing boards probably already have the power to initiate and require continuing education through regulations, if the licensing boards see this as part of their responsibility for implementing the licensure laws.[16] Regulations have the force of legislation, and it is possible that consumer pressure will gear boards into such action.

Third, the California state board does specify what is acceptable in the form of continuing education for nurses for relicensure purposes, and other state nurses' associations are developing criteria in anticipation of legislation. Academic study (formal classes), while not considered continuing education by some definitions, are "counted". Other acceptable approaches may include short-term continuing education college programs, home-study courses, conferences, institutes, lectures, seminars, workshops, in-service education, and independent study (multi-media programs, radio, T.V., printed materials). Obviously, the latter are difficult to quantify. Unlike other professions, nursing does not generally accept membership in its professional organization, attendance at meetings or subscription to journals as bona fide continuing education.

Fourth, almost all state nurses' associations (SNAs) have developed some sort of voluntary plan for continuing education, primarily approving continuation education programs according to specific criteria, which then enables nurses attending those programs to obtain the number of continuing education hours or units granted. The nationally accepted CEU (continuing education unit) allows one unit for ten contact hours of teaching, but some programs still prefer to specify actual hours. Various approval plans are used; some, like California, approve only the agency or teaching unit for giving programs; others follow the 1975 ANA guidelines. State associations also offer their own teaching programs.

Fifth, certain national nursing organizations, such as the National League for Nursing and specialty groups, and some institutions of higher learning have their own programs and award their own continuing education credit and certificates, with or without SNA approval.

Sixth, ANA is setting up a national system of accreditation of continuing education programs. In brief, the National Accreditation Board acts as a governing board for the national accreditation process, and regional committees "accredit SNAs, national specialty nursing organizations, federal nursing services, and State Boards of Nursing to offer such programs and to approve offerings of sponsors and constituents."[17] While

this process will be useful for mobile nurses to maintain continuing education credit obtained in various places (with the eventual use of a data bank for record-keeping), it has also caused some dissension because NLN already accredits university and college programs of all kinds.

Finally, some states require a refresher course or an examination after a lapse in nursing practice; others give the nurse an "inactive" license.

It should be noted that, in almost all the means by which the continuing education system functions, there is a monetary output. There is generally a charge for programs and classes offered, a charge for record-keeping of continuing education units for individual nurses, and a charge for program approval.

How Can Nurses Use Library Resources?

How then can nurses, whether voluntarily or under pressure, utilize library resources for their continuing education? The answer, unfortunately, is not easy. A nurse enrolled in an educational program has access to all of that institution's learning resources, including libraries, and audio-visual centers, faculty, and staff. Those same resources may be completely off limits for one not enrolled; at times, even those in university continuing education programs have only limited access. Should the nurse be permitted admission to read and browse,[7] chances are that nothing can be taken out. And how much time does a working nurse have to spend in a library? For that matter, how much time can even the most helpfully inclined librarian afford to spend with a client from outside of the institution?

What of resources within the work situation? Hospitals generally have some kind of medical library–but that is exactly what it is. Even should the acquisitions be useful to the nurse (and often they are), this librarian, too, has a primary responsibility to others–physicians, medical students (rarely other students), and perhaps administrative personnel and clinical specialists. It is not the sort of place in which an ordinary nurse drops in comfortably at a break to check the latest literature. Many medical librarians have flatly stated that to put through a MEDLINE search or interlibrary loan for nurses is not their concern. If the hospital has a school of nursing library, even this may be unavailable to the working nurse, difficult though that is to believe. In those hospitals that no longer have schools of nursing, the materials may have been dispersed or have become uselessly obsolete. Colleges using the clinical facilities may keep the library current to a degree, but frequently it is not staffed and, again, access is limited to enrolled students. True, there are pertinent nursing and pharmacology books on most patient units, but they are intended for quick reference, not substantial study. Despite the fact that the American Hospital Association has cited the responsibility of the hospital in providing in-service education, including audiovisual equipment and "appropriate library

facilities and materials",[18] that which is available is often geared toward a particular orientation or technical skills program.

As to other places of employment, the library cupboard may be just as bare. Public health and visiting nurse agencies probably have the most resources; but schools, industries, and doctors' offices, are not geared for *nurses'* continuing education.

What then of the public library? Financial limitations affecting most libraries makes general support services hard to come by; to provide materials in such a specialized field as nursing or medicine is almost impossible. This does not preclude, of course, the nurse using the public library for other areas of continuing education such as in the social sciences, for instance.

One must look then at what resources nurses will have available to them in continuing their education and how these resources can be obtained. I have a few suggestions.

1. It appears that more and more RNs are enrolling in formal advanced educational programs, and they will then, of course, have available the extended resources of institutional libraries, including the various computer searches and materials from the new regional libraries. It behooves those nurses to become thoroughly familiar with all the resource possibilities so carefully detailed by Virginia Henderson in her paper.

2. It will be necessary for nurses to work closely with librarians not only to make them aware of current reference needs, but also to anticipate new and evolving areas of interest.

3. New efforts should be made for those nurses for whom health libraries are not readily accessible (particularly those in rural and isolated areas) for a loan system, a bookmobile, a changing mini-library, or some as yet unthought of means to bring educational resources to these groups. (Doesn't that sound like a great idea for a grant proposal?)

4. There should be more emphasis on continuing education programs designed as a package where students can take home the major resources in various forms on loan, and return them after completion of the course.

5. If, as had been predicted, the greatest part of learning in the future will take place out of the classroom, there is a need for further development of external or indirect sources of learning–radio, T.V., audio and video tapes, computers, telelectures (using telephone contact with the teacher), and other electronic devices, as well as an easily available system of categorizing, such as AVLINE and the Shelter Book Health Sciences Video Directory.

6. Nurses must help themselves; for example, a group forming a journal

club, and/or each subscribing to a journal and exchanging with each other.

7. Nurses should also put pressure on hospitals, universities, public libraries, and other agencies to develop nurse education holdings and allow reasonable access to their learning resources. That may not be easy, but how much has it really been tested? For instance, could a library donor not be convinced to take interest in a nursing collection as readily as one on engineering?

Most of all, librarians, employers, and the public must become aware of the growing interest of nurses in continuing their learning in many directions. It has been said that practicing professionals must:

- -keep up with new knowledge related to their profession
- -establish mastery of new conceptions of their profession
- -continue study of the basic disciplines supporting that profession (e.g.-psychology, physiology, sociology)
- -grow as a person as well as professionally for "a profession should be more than just a way of earning a living, but it should not be a way of life".[19]

Nurses are turning in these directions and we in the nursing and library fields must all work together to support these learning goals which will result in improved health care of the people.

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The Significance of the Literature Search in the Research Process

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"At the best of times this part of research (the literature search), calls for the instinct of the gold prospector and the skill of the detective. Fortunately, both are abilities that develop in proportion to the attention one pays to detail. It lies with the researcher whether he soon 'knows his way around' or remains a permanent babe in the woods." These words are quoted from Barzun and Graff's classic work published in 1957 and entitled, *The Modern Researcher*.[1] They were talking about the search for facts in the existing literature that is an essential part of any scientific investigation. Certainly, I cannot express the thought better. It illustrates so well both the rare excitement of "finds" and the more usual patient digging that is involved in any review of the literature. The nature of the searching which must be thorough and systematic is not only time consuming but often tedious. While sometimes one quickly locates the information needed, at other times weeks, (and for some researchers, especially historians, even years) may be spent in tracking down some reference or fact; and, in the end, one may find that it has no great value or is not what one thought it would be. On the other hand, the search may produce that rare find–a completely new fact.

Why is such great importance attached to the literature search? What is its significance in the research process? Why make such a to-do about it? Isn't going back into the literature more important to historical research than, for example, a survey of current practices or attitudes related to the care of patients with a specific condition? Of course, all of you know the answer, all research has an historical background. Many of the skills useful in historical research are identical with those needed in the literature search and review in other types of research.

The Purpose of the Search

So, what is the purpose of the literature search? Actually, there is not just one purpose; there are several. First, anyone thinking of doing research should know as much as he can about the problem he is planning to

investigate and the work already done in the problem area. He doesn't want to spend time doing research that has already been done and which does not need repeating. If it does bear repeating, this can be planned, but with full knowledge of the previous work done. Therefore, he needs to know all the research that is currently underway as well as important work done in the past. He evaluates the status of this research and notes how his own research will build on this previous work.

How far back he will go depends upon the amount of research that has been done. There is no hard and fast rule about this. The search need not be exhaustive of all ever written, but it should be sufficiently comprehensive to assure him that he has not missed something critical to his study. If he is already fairly familiar with the literature on the subject, his work will be much simpler than if he is in unfamiliar territory.

Another purpose, in addition to learning all he needs to know about the problem area, is to examine theories developed by others to explain the nature of the problem or to point to a way of viewing the problem and to approaches to methods of studying it. The investigator is looking for theories relevant to his own investigation. He may already have a theory which he believes explains his preliminary observations, but he keeps an open mind, looking for other relevant or supporting theories. Evaluation is again an important step, and decisions or choices about his proposed study may be made on the basis of this evaluation of previously reported investigations and theories.

A third purpose which the investigator has in mind is identifying the various methodologies and instruments used and examining these for their usefulness in his own research. He may find that other methods or tools are not appropriate to his study because of differences in his approach to the problem, or differences in his sample or in the problem itself. Despite this, these other methods may suggest ideas about what may or may not work in his own situation, thus saving him much time and effort.

Reference Sources

If the researcher has done his job well he will have uncovered all of the major research done in the problem area, the major theories or points of view, and the research methods and instruments relevant to his own work. He will read much more than is actually needed for his own research, but this seems to be a characteristic of a good search. As mentioned earlier, he may spend time in fruitless areas; on the other hand, some of the bypaths he is lured into may prove to be the most valuable.

How do we approach this search to make it the most valuable? There are so many reference sources today that the novice may find it difficult to know where to start. At this stage, I would say that the best friend and guide one has is the librarian who has the key to that invaluable store-

house of information known as the library–that storehouse of indexes, directories, and abstracts, as well as journals and books.

Of course, having a clear notion about your subject area and its parameters helps to direct your search. This knowledge will help you know what fields in nursing and in other disciplines you will be searching. For example, if your study involves clinical research, you may need to include physiological research literature in the specific problem area, as well as the nursing research literature. Or your study may require a search of sociological studies or of educational research, to name a few more areas.

Indexes, such as those Virginia Henderson referred to in her paper will become important to you, as will abstracts of studies in nursing and other fields. Imaginative use of these tools will pay off, as will the examination of references accompanying relevant articles, especially review articles. A good review article is worth its weight in gold!

A word of caution might be raised at this point about the use of abstracts as source material. Like indexes they are used to help you find what you need. They give you somewhat more information about the study or other material they describe than would an index or an annotated bibliography, but they should not be used as original sources. If the abstract appears to have relevance to your study, go to the original article, book, or dissertation and use this as your source of information.

Use of original sources (what are known as primary sources) are important in all types of research. It is well known that primary versus secondary sources are of special import in historical research. However, careful use of original sources is also important in the literature review for both descriptive and experimental research. In the latter instances, you may find excellent scientific reports in the literature that suffice for your purposes; you may also want to go back to the original, full research report: or, you may even want to talk with the original investigator. Popular articles discussing the application of the findings of studies may serve to lead you to the more definitive scientific report; but, they seldom report enough about the research to be used as primary source material.

Source material used in historical research must clearly be identified as primary or secondary. A primary source is one that gives direct evidence of a happening; for example, a diary or letters describing an event, seen or experienced, which, although they represent the ideas or impressions of only one person and may even be biased, reflect the thinking of a person who lived and wrote at the time about a particular event under study. Secondary sources, on the other hand, are reports that are one or more steps removed from the event and are less reliable as source material.

Taking Notes and Writing the Summary

One cannot overemphasize the importance of careful, consistent recording of notes made during the literature search. The size of the cards you use may not be important; however, I like 5" x 8" cards since you can get more on them. More important, however, is the need to make complete bibliographic citations of the material as you read. If you are in doubt about how to cite something, such as un unpublished manuscript, check with the reference librarian or one of the approved style manuals. For journals, indicate the correct names of all authors, the complete title of the article, the journal, its volume number, the first and last pages of the article and the month of publication. I know all of you have heard this before, and I don't mean to be unnecessarily repetitious, but I have observed so many instances where references are incomplete. An incomplete or inaccurate reference is of little value to the reader and creates a hardship when the writer has to go back and find it again. The abstract or summary of the material should be accurate, as well as any quotations you select at this time. The exact pages of any quoted material should be noted. In general, it is believed to be a good idea to use quotations rather than paraphrased material in your original notes. This practice avoids any question later of the meaning of the notes made. I think it is also a good idea to have a space on the card for a brief evaluation of the report. This evaluation will prove invaluable when you begin to summarize your literature search.

Summarizing the Literature Search

Another significant aspect of the literature search is the summary, which brings together the relevant facts derived from the literature. The review of the literature will provide the background for your research. It will help establish your theoretical or conceptual framework and support the argument for the selection of the research design, the instruments used, or the data analysis decided upon. The literature review summary is not simply a collection of facts or a string of research reports, it is an analysis of previous work, relating the prior studies to each other and showing how they are explicitly related to your own research. It is an analysis of the relationship of facts, research findings, themes, and theories relevant to the problem at hand. Most of us tend to include more material than is necessary in the review; we must watch for this and in our rewriting prune away the irrelevant and unnecessary.

There is no set way in which to organize the summary. A look at some of the reports in *Nursing Research* will give you some idea of the different ways this summary is presented. You may find it best to select a chronological presentation, or one organized by trends or by the discussion of like and/or conflicting theories. The summary may be related to more than one aspect of the problem area: (1) the content or problem area, (2) the theories discovered, and (3) the different research methods used by the

previous researchers. The method of presentation selected should be the one that best provides the basis for the rationale for your research.

The Literature Search and Your Research Findings

One final use needs to be made of your literature search. After you complete your study and the analysis of your findings, go back and relate these to the previous work done. Not all study reports do this, but most do discuss their findings, their relationship to the stated hypotheses, the contribution of these findings to science, or their application to the solution of the problems studied in the real life situation. It is here that a look may also be taken at these findings as they relate to the work of the other investigators cited in your summary of the literature review. In this way a sense of continuity is achieved, and the contribution of your own research to the science of nursing and to knowledge in general is established.

An evaluation of your own research in the light of previous researches will include not only areas of agreement, in which you reinforce the work of other investigators, but also areas of disagreement or findings at variance with others. It may indicate the effect of the use of different research methods or different kinds of instruments. It may point to a whole new area of investigation not uncovered by previous research or show how your research findings bring to light new understandings or knowledge.

It has seemed to me that all too often, even when an excellent literature review has been done and related to the significance of, and planning for, a study, it is left at that and nothing further is done with it. No thought is given to tying it into the analysis and discussion of the findings of the study. As mentioned earlier, this analysis of the relationship of the research done to the review of related research is the link providing the sense of continuity in the development of knowledge. It places one's research in perspective with respect to what has gone before and helps the researcher evaluate his own contribution to the science of nursing, or to knowledge in general.

Summary

To summarize briefly, I have tried to impress you with the significance of the literature search in the research process. Its purposes, some of the sources available for search, keeping notes and writing the summary of the review, and finally relating the findings of the literature search to your own research findings have been discussed. The importance of a careful, relevant search has been stressed. Many resources are available to the investigator in his search. All that is needed to make the best use of them is imagination, persistence, attention to detail, and the wise use of the services of librarians. If these attributes characterize your approach to the literature search, you will soon "know your way around" the wealth of literature sources available to you and your search will culminate in the

significant background of knowledge essential to the quality of your research.

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